## 

| Ē  | ill in this inf  | ormation to iden   | tify your case:                         |   |            | Check as                | directed in lines 1                                | 7 and 21:  |
|--|--|--|---|---|------------|-------------------------|--|------------|
| D  | ebtor 1  | Wanda<br>First Name  | Middle Name                             | Henry<br>Last Name                      |            | According to Statement: | the calculations require                           | ed by this |
|  | ebtor 2<br>Spouse, if filing)  | First Name   | Middle Name                             | Last Name                               |            | under 1                 | ble income is not deter<br>1 U.S.C. § 1325(b)(3).  |            |
| U  | nited States Bar   | nkruptcy Court for the   | EASTERN DIST                            | . OF PENNSYLV                           | 'ANIA      |                         | ble income is determin<br>1 U.S.C. § 1325(b)(3).   | .ed        |
|  | ase number<br>f known)   | 22-11141ELF13  |   |   |            | —                       | nmitment period is 3 ye<br>nmitment period is 5 ye |            |
| Of   | ficial Form  | 122C-1   |   |   |            | ☐ Check if t            | his is an amended filin                            | g          |
|  |  | Statement of \   |   |   | ome        |                         |  | 10/19      |
| info   | curate. If more principle  | nd accurate as possi<br>space is needed, att<br>es. On the top of any<br>culate Your Ave | ach a separate sho<br>additional pages, | eet to this form. In<br>write your name | nclude the | line number to v        |  | 1          |
| 1.   | What is your   | marital and filing sta   | tus? Check one or                       | nly.                                    |            |                         |  |            |
|  | <b>√</b> Not marr  | ied. Fill out Column A   | A, lines 2-11.                          |   |            |                         |  |            |
|  | —  | Fill out both Columns  | s A and B, lines 2-1                    | 1.                                      |            |                         |  |            |
|  | Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. |  |   |   |            |                         |  |            |
|  |  |  |   |   |            | Column A Debtor 1       | Column B Debtor 2 or non-filing spouse             |            |
| 2.   | _  | ages, salary, tips, bo   | onuses, overtime,                       | and commissions                         |            | \$3,177.34              |  |            |
| 3.   | Alimony and  | maintenance payme  | nts. Do not include                     | e payments from a                       | spouse.    | \$0.00                  |  |            |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. |  |  | \$0.00                                  |   |            |                         |  |            |
| 5.   | Net income fr  | om operating a busi  | ness, profession,                       | or farm                                 |            |                         |  |            |
|  |  |  | Debtor 1                                | Debtor 2                                |            |                         |  |            |
|  | Gross receipts deductions)   | s (before all  | \$0.00                                  |   |            |                         |  |            |
|  | •  | necessary operating  | \$0.00                                  |   | Сору       |                         |  |            |
|  | •  | come from a busines<br>farm  | s, <b>\$0.00</b>                        |   | here →     | \$0.00                  |  |            |

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| Deb | otor 1   | Wanda Henry  |  |   | 0              | Case number (if k | nown) <b>22-11141E</b>                 | LF13                                       |
|-----|--|--|--|---|----------------|-------------------|--|--|
|     |  |  |  |   |                | Column A Debtor 1 | Column B  Debtor 2 or non-filing spous | e  |
| 6.  | Net inc  | come from rental and other r   | eal property   |   |                |                   |  |  |
|     |  | receipts (before all   | Debtor 1<br>\$0.00   | Debtor 2  |                |                   |  |  |
|     | deducti<br>Ordinar<br>expens                                       | ry and necessary operating   | \$0.00   |   |                |                   |  |  |
|     | Net mo   | onthly income from rental or eal property  | \$0.00   |   | Copy<br>here → | \$0.00            |  |  |
| 7.  | Interes  | st, dividends, and royalties   |  |   |                | \$0.00            |  |  |
| 8.  | Unemp  | oloyment compensation  |  |   |                | \$0.00            |  |  |
|     |  | enter the amount if you conte under the Social Security Act  |  |   |                |                   |  |  |
|     | For  | you  |  | \$1,602.  | 00             |                   |  |  |
|     | For  | your spouse  |  |   |                |                   |  |  |
|     | next se<br>allowan<br>disabilit<br>uniform<br>of title 1<br>amount | penefit under the Social Securentence, do not include any conce paid by the United States ty, combat-related injury or displayed services. If you received 10, then include that pay only to fretired pay to which you wany provision of title 10 other the          | impensation, pension<br>Government in consability, or death of<br>any retired pay paid<br>to extent that it doe<br>ould otherwise be e | on, pay, annuity, or<br>nection with a<br>a member of the<br>d under chapter 61<br>as not exceed the<br>entitled if retired | r              |                   |  |  |
| 10. | amount<br>paymer<br>internat<br>or allow<br>disabilit<br>uniform   | e from all other sources not<br>t. Do not include any benefits<br>ints received as a victim of a w<br>tional or domestic terrorism; o<br>vance paid by the United State<br>ty, combat-related injury or dis<br>ned services. If necessary, lis<br>t the total below. | received under the<br>var crime, a crime a<br>or compensation, pe<br>es Government in c<br>sability, or death of                       | e Social Security A<br>gainst humanity, o<br>ension, pay, annuit<br>onnection with a<br>a member of the                     | ct;<br>r       |                   |  |  |
|     |  |  |  |   |                |                   |  |  |
|     |  | mounts from separate pages,  | •  |   | +              |                   | +                                      |  |
| 11. | Add line   | ate your total average montles 2 through 10 for each coluidd the total for Column A to the   | mn.  | В.  |                | \$4,038.34        | +                                      | = \$4,038.34  Total average monthly income |
| Р   | art 2:   | Determine How to M   | easure Your De   | eductions fror  | n Incom        | е                 |  |  |
|     |  |  |  |   |                |                   |  | £4 020 24                                  |

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| Deb | tor 1 | Wanda Henry   | Case number (if known) 22-11141ELF              | 13          |  |  |  |  |
|-----|-------|---|---|-------------|--|--|--|--|
| 13. | Cald  | culate the marital adjustment. Check one:   |   |             |  |  |  |  |
|     |       | You are not married. Fill in 0 below.  You are married and your spouse is filing with you. Fill in 0 below.  You are married and your spouse is not filing with you.  Fill in the amount of the income listed in line 11, Column B, that was of you or your dependents, such as payment of the spouse's tax lial than you or your dependents.  Below, specify the basis for excluding this income and the amount onecessary, list additional adjustments on a separate page.  If this adjustment does not apply, enter 0 below. | bility or the spouse's support of someone other |             |  |  |  |  |
|     |       |   | \$0.00 Copy here                                | \$0.00      |  |  |  |  |
| 14. | You   | r current monthly income. Subtract the total in line 13 from line 12  | 2   | \$4,038.34  |  |  |  |  |
|     |       | culate your current monthly income for the year. Follow these sto   |   |             |  |  |  |  |
|     |       | Copy line 14 here ->  |   | \$4,038.34  |  |  |  |  |
|     |       | Multiply line 15a by 12 (the number of months in a year).   |   | X 12        |  |  |  |  |
|     | 15b.  | The result is your current monthly income for the year for this part  | of the form                                     | \$48,460.08 |  |  |  |  |
| 16. | Calc  | culate the median family income that applies to you. Follow these   | e steps:  |             |  |  |  |  |
|     | 16a   | Fill in the state in which you live.  | ylvania   |             |  |  |  |  |
|     | 16b   | Fill in the number of people in your household.   | <u> </u>  |             |  |  |  |  |
|     | 16c.  | Fill in the median family income for your state and size of househor To find a list of applicable median income amounts, go online using instructions for this form. This list may also be available at the base.   | ng the link specified in the separate           | \$60,640.00 |  |  |  |  |
| 17. | Hov   | do the lines compare?   |   |             |  |  |  |  |
|     |       | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).  |   |             |  |  |  |  |
|     | 17b.  | The Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.   |   |             |  |  |  |  |
| Pa  | art 3 | Calculate Your Commitment Period Under 11 U.  | .S.C. § 1325(b)(4)                              |             |  |  |  |  |
| 18. | Сор   | y your total average monthly income from line 11  |   | \$4,038.34  |  |  |  |  |
| 19. | that  | uct the marital adjustment if it applies. If you are married, your specifically calculating the commitment period under 11 U.S.C. § 1325(b)(4) allower, copy the amount from line 13.   |   |             |  |  |  |  |
|     | 19a   | If the marital adjustment does not apply, fill in 0 on line 19a   |   | \$0.00      |  |  |  |  |
|     | 19b.  | Subtract line 19a from line 18.   |   | \$4,038.34  |  |  |  |  |

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| Debtor 1 |                         | Wanda Henry  | Case number (if known) 22-1114                                  | Case number (if known) 22-11141ELF13 |            |  |  |  |
|----------|-------------------------|--|---|--------------------------------------|------------|--|--|--|
| 20.      | Calc                    | ulate your current monthly income for the year   | . Follow these steps:   |                                      |            |  |  |  |
|          | 20a.                    | Copy line 19b  |   | <u>;</u>                             | \$4,038.34 |  |  |  |
|          |                         | Multiply by 12 (the number of months in a year).   |   | X                                    | 12         |  |  |  |
|          | 20b.                    | The result is your current monthly income for the  | e year for this part of the form.                               | \$                                   | 48,460.08  |  |  |  |
|          | 20c.                    | Copy the median family income for your state ar  | nd size of household from line 16c.                             | \$                                   | 60,640.00  |  |  |  |
| 21.      | How                     | do the lines compare?  |   |                                      |            |  |  |  |
|          | $\overline{\mathbf{A}}$ | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, <i>The commitment period is 3 years</i> . Go to Part 4.             |   |                                      |            |  |  |  |
|          |                         | Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4. |   |                                      |            |  |  |  |
| P        | art 4                   | : Sign Below   |   |                                      |            |  |  |  |
|          | By s                    | igning here, under penalty of perjury I declare that   | the information on this statement and in any attachments is tru | e and correc                         | ct.        |  |  |  |
|          |                         | s/ Wanda Henry   | X   |                                      |            |  |  |  |
|          | V                       | Vanda Henry, Debtor 1  | Signature of Debtor 2   |                                      |            |  |  |  |
|          | D                       | Date 5/27/2022 MM / DD / YYYY  | Date  |                                      |            |  |  |  |

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.